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M.V. 2/27/05

18



Attorney Docket No.: 80398.P342

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Hawley K. Rising III) Examiner: Bell, M.
Serial No.: 09/767,279) Art Unit: 2121
Filed: January 22, 2001)
For: Method and Apparatus of Using a)
Neural Network to Train a Neural)
Network)

Mail Stop Issue Fee
P.O. Box 1450
Alexandria, VA 22313-1450

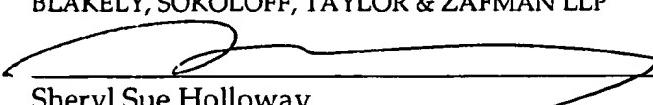
COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicants are assuming that the Examiner's statement of reasons for allowance is to be taken in light of the structure and interaction recited in the claims. Applicants note that the Examiner's various comments should not be used to read non-existent limitations into the claims.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: Nov. 24, 2004


Sheryl Sue Holloway
Reg. No. 37,850

12400 Wilshire Boulevard
Seventh Floor
Los Angeles, CA 90025
(408) 720-8300



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PAYMENT OF ISSUE FEE

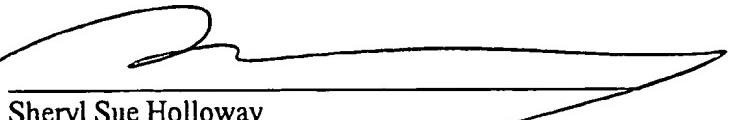
In response to the Notice of Allowance mailed August 26, 2004, enclosed herewith for filing in the above-referenced patent application is a check in the amount of \$1,400.00 for payment of the issue fee and ten (10) soft copies of patent.

Please charge any shortages or credit any overages to our Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: Nov. 24, 2004


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Reg. No. 37,850

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Seventh Floor
Los Angeles, CA 90025
(408) 720-8300

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 08/26/2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Archana B. Vittal
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Seventh Floor
12400 Wilshire Boulevard
Los Angeles, CA 90025-1026
11/30/2004 NNGUYENH 00000141 09767279

01 FC:1501 1370.00 OP
02 FC:AO01 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/767,279	01/22/2001	Hawley K. Rising III	80398P342	2018

TITLE OF INVENTION: METHOD AND APPARATUS OF USING A NEURAL NETWORK TO TRAIN A NEURAL NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/26/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
BELL, MELTIN		2121	706-015000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Blakely, Sokoloff,
2 Taylor & Zafman LLP.
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sony Corporation/Sony Electronics Inc. Tokyo, Japan/Park Ridge, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10 (ten)

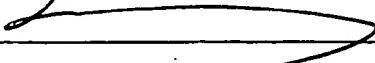
4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date Nov. 24, 2004

Typed or printed name Sheryl Sue Holloway

Registration No. Reg. 37,850

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

O I P E
U. S. PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL FOR FY 2005
(FY 2005 Begins 10/01/2004)

TOTAL AMOUNT OF PAYMENT (\$) 1400.00

Complete if Known:
 Application No. 09/767,279
 Filing Date 11/22/01
 First Named Inventor Rising III
 Examiner Name Bell, M.
 Art Unit 2121
 Attorney Docket No. 80398.P342

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account
 Deposit Account Number : 02-2666
 Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:
 Charge fee(s) indicated below.
 Credit any overpayments.
 Charge any additional fees during the pendency of this application.
 Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
 Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity				
Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	790	2001	395	Utility application filing fee	_____
1002	350	2002	175	Design application filing fee	_____
1003	550	2003	275	Plant filing fee	_____
1004	790	2004	395	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____

SUBTOTAL (1) \$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	- 20** = _____	X	= _____
Independent Claims	- 3** = _____	X	= _____
Multiple Dependent			= _____

**Or number previously paid, if greater; For Reissues, see below.

Large Entity **Small Entity**

Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	**Reissue Independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0


FEE CALCULATION (continued)
3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	110	2814	55
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
Other fee (specify) <u>Advanced order of soft copies of issued patent (10@\$3.00 each)</u> <u>30.00</u>			
Other fee (specify) _____			
SUBTOTAL (3) \$ 1400.00			

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sheryl Sue Holloway

Signature: [Signature] Date: NOV, 24, 2004

Reg. Number: 37,850 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450